

**IHSS INCOME ELIGIBILITY - CHILD**

|      |  |  |  |  |             |  |       |  |
|------|--|--|--|--|-------------|--|-------|--|
| NAME |  |  |  |  | CASE NUMBER |  | MONTH |  |
|------|--|--|--|--|-------------|--|-------|--|

| PARENT  |    |    |    |  | RECIPIENT  |               |  |  |
|---|----|----|----|--|--|---------------|--|--|
| A. Income deemed to a blind or disabled child living at home who is under 18.                           |    |    |    |  | B. IHSS share of cost computation for blind or disabled child who is under 18. |               |  |  |
| <input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled. |    |    |    |  | <b>Unearned</b>  | <b>Earned</b> |  |  |
| 1. Gross income   |    |    |    |  | \$   | \$            |  |  |
| 2. Allowance for children not blind or disabled   |    |    |    |  |  |               |  |  |
| a. Children's needs   |    |    |    |  |  |               |  |  |
| b. Children's income  | \$ | \$ | \$ |  |  |               |  |  |
| c. Net needs (a minus b)  | \$ | \$ | \$ |  |  |               |  |  |
| d. Total allowance (add A2c's)  |    |    |    |  | \$   |               |  |  |
| 3. Remaining unearned income (A1 minus A2d)   |    |    |    |  | \$   |               |  |  |
| 4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)                    |    |    |    |  |  | \$            |  |  |
| 5. Remaining earned income (A1 minus A4)  |    |    |    |  |  | \$            |  |  |
| 6. Any income exclusion   |    |    |    |  | \$ 20  |               |  |  |
| 7. Net unearned income (A3 minus A6)  |    |    |    |  | \$   |               |  |  |
| 8. Unused \$20 exclusion (If A6 is greater than A3, enter the difference)                               |    |    |    |  |  | \$            |  |  |
| 9. Earned income exclusion  |    |    |    |  |  | \$ 65         |  |  |
| 10. Total exclusions (A8 plus A9)   |    |    |    |  |  | \$            |  |  |
| 11. Earned income (A5 minus A10)  |    |    |    |  |  | \$            |  |  |
| 12. Net earned income (A11 x 1/2)   |    |    |    |  |  | \$            |  |  |
| 13. Total income (A7 plus A12)  |    |    |    |  | \$   |               |  |  |
| 14. Allowance for parent and spouse<br>(1) (2)  |    |    |    |  | \$   |               |  |  |
| 15. Income deemed to child (A13 minus A14)  |    |    |    |  | \$   |               |  |  |
| <input type="checkbox"/> Income parent(s) where one or both are aged, blind or disabled.                |    |    |    |  |  |               |  |  |
| 16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)                               |    |    |    |  | \$   |               |  |  |

|   |  |  |  |  |  |  |       |       |
|---|--|--|--|--|--|--|-------|-------|
| 1. Income deemed to child (from A15 or A16)**                             |  |  |  |  |  |  | \$    |       |
| 2. Unearned income (list)<br>(Do not show exempt income)                  |  |  |  |  |  |  |       |       |
| a.  |  |  |  |  |  |  | \$    |       |
| b.  |  |  |  |  |  |  | \$    |       |
| c.  |  |  |  |  |  |  | \$    |       |
| 3. Total unearned income (B1 plus B2)                                     |  |  |  |  |  |  | \$    |       |
| 4. Any income exclusion   |  |  |  |  |  |  | \$ 20 |       |
| 5. Net unearned income (B3 minus B4)                                      |  |  |  |  |  |  | \$    |       |
| 6. Earned income (Do not show exempt income)                              |  |  |  |  |  |  |       | \$    |
| 7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference) |  |  |  |  |  |  |       | \$    |
| 8. Earned income exclusion  |  |  |  |  |  |  |       | \$ 65 |
| 9. Total exclusions (B7 plus B8)  |  |  |  |  |  |  |       | \$    |
| 10. Remaining earned income (B6 minus B9)                                 |  |  |  |  |  |  |       | \$    |
| 11. Net earned income (B10 x 1/2)   |  |  |  |  |  |  |       | \$    |
| 12. Other earned income deductions  |  |  |  |  |  |  |       | \$    |
| 13. Total net earned income (B11 minus B12)                               |  |  |  |  |  |  |       | \$    |
| 14. Total countable income (B5 plus B13)                                  |  |  |  |  |  |  | \$    |       |
| 15. SSI/SSP payment level   |  |  |  |  |  |  | \$    |       |
| 16. IHSS share of cost (B14 minus B15)                                    |  |  |  |  |  |  | \$    |       |

\*\* Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

|        |  |  |  |  |  |  |      |  |
|--------|--|--|--|--|--|--|------|--|
| WORKER |  |  |  |  |  |  | DATE |  |
|--------|--|--|--|--|--|--|------|--|